

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17019

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County... Jackson  
(b) City or town... Kansas City  
(c) Name of hospital or institution... 723 Wabash  
(d) Length of stay: In hospital or institution... 55 years  
In this community... 55 years

3. (a) PRINT FULL NAME Mrs. Emilie J. Goelz

3. (b) If veteran, name war... xx 3. (c) Social Security No. None

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced, widowed 2  
6. (b) Name of husband or wife... Fred Goelz 6. (c) Age of husband or wife if alive... XX years  
7. Birth date of deceased... March 29 1867

8. AGE: Years 77 Months 1 Days 26 If less than one day hr. min.

9. Birthplace... Baden Germany 4

10. Usual occupation... At Home

11. Industry or business...

12. Name... George Wolz  
13. Birthplace... Germany 4  
14. Maiden name... No Record  
15. Birthplace... 9

16. (a) Informant... Fred Goelz  
(b) Address... 723 Wabash

17. (a) Burial (b) Date thereof... May 27, 1944

(c) Place: burial or cremation... Mt. Moriah

18. (a) Signature of funeral director... J. W. Wagner

(b) Address... Kansas City, Mo.

19. (a) 5-26-44 (b) N. E. Brown

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Jackson  
(c) City or town... Kansas City  
(d) Street No... 723 Wabash  
(e) Citizen of foreign country? (Yes or No) Yes  
If yes, name country...

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25th  
year 1944 hour 7:00 minute A. M.  
21. I hereby certify that I attended the deceased from about one year  
that I last saw her alive on May 20 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death... Myocardiosis  
Due to... Coronary Artery Disease  
Due to...

Other conditions... 83d  
Major findings: Of operations...  
Of autopsy...  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence...

(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)  
Means of injury...

23. Signature... Date signed... 5-26-44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*A. R. Lausch*

Licensed Embalmer No.

*4159*

P. O. Address

*Kansas City*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**